

For RESIDENTIAL delivery address

## Optional Shipping Signature Waiver\*\*

I/we, \_\_\_\_\_, hereby waive the requirement that any packages shipped by BCP Veterinary Pharmacy require a signature for delivery to me/us. **I/we understand that by signing this waiver, any shipping losses shall be my sole responsibility and NOT BCP Veterinary Pharmacy or the shipping carrier.**

This Shipping Signature Waiver shall remain in force and effect until BCP Veterinary Pharmacy receives written notification that this waiver has been rescinded.

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Name \_\_\_\_\_ Pet's Name \_\_\_\_\_ RX Number \_\_\_\_\_

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Shipping Address [**RESIDENTIAL**] \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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Phone Numbers    *home*                      *work*                      *cell*

I/we understand that by signing below, **I/we waive our rights to claim any shipping losses associated with the package being lost, stolen, misdelivered or damaged due to being left by the shipping carrier without the driver obtaining a signature.**

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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**Signature [by hand]**

\*\*The Shipping Signature Waiver must be properly signed, dated, and returned to BCP Veterinary Pharmacy in written form to become effective.

\*\*Please return the SIGNED waiver by fax to 1-866-738-2439 or by post to BCP Veterinary Pharmacy, 1614 Webster St., Houston, TX 77003, or by email to Refill@BCPVetPharm.com.